



PATENT

I hereby certify that on the date specified below, this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

May 13, 2004  
Date

Phoebe E. Pagon  
~~Denise Sheridan~~ Phoebe Pagon

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No. : 10/705,388

Confirmation No. : 4352

Applicants : Brent Keeth et al.

Filed : November 10, 2003

Attorney Docket No.: 500903.11

Art Unit : 2818

Customer No. : 27,076

Examiner : Not yet assigned

Title : MEMORY DEVICE AND METHOD HAVING DATA PATH WITH MULTIPLE  
PREFETCH I/O CONFIGURATIONS

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**SUPPLEMENTAL PRELIMINARY AMENDMENT**

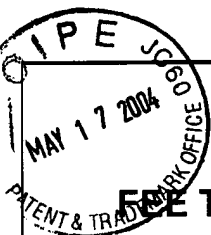
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 8 of this paper.



# FEE TRANSMITTAL SHEET (FOR FY 2004)

## Complete if Known

Application No. 10/705,388  
Filing Date November 10, 2003  
First Named Inventor Brent Keeth  
Group Art Unit 2818  
Examiner Not yet assigned  
Atty. Docket Number 500903.11

## METHOD OF PAYMENT (Check One)

1. ☒ The Commissioner is hereby authorized to charge any additional fee required under 37 C.F.R. §§ 1.16 and 1.17 and 1.136(a)(3) and credit any over payments to Deposit Account No.: 50-1266; Deposit Account Name: DORSEY & WHITNEY LLP

2. ☐ Check Enclosed

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1001	770	2001	385	<input type="checkbox"/> Utility Filing Fee
1002	340	2002	170	<input type="checkbox"/> Design Filing Fee
1003	530	2003	265	<input type="checkbox"/> Plant Filing Fee
1004	770	2004	385	<input type="checkbox"/> Reissue Filing Fee
1005	160	2005	80	<input type="checkbox"/> Provisional Filing Fee

Subtotal (1) \$0

### 2. EXTRA CLAIM FEES

Current Claims	Prior	Extra	Fee	Fee Paid
Total 20	- 20	= 0	x \$ 18	= \$ 0
Ind. 3	- 3	= 0	x \$ 86	= \$ 0
Multiple Dependent Claims			x \$	= \$

Subtotal (2) \$0

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent Claim
1204	86	2204	43	Reissue independent claims over original patent
1205	18	2205	9	Reissue claims in excess of 20 and over original patent

### 3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - Late filing fee or oath	\$
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	\$
1053	130	1053	130	Non-English specification	\$
1812	2,520	1812	2,520	For Filing a Request for ex parte Reexamination	\$
1804	920	1804	920	Requesting publication of SIR prior to Examiner action	\$
1805	1,840	1805	1,840	Requesting publication of SIR after Examiner action	\$
1251	110	2251	55	Extension for reply within first month	\$
1252	420	2252	210	Extension for reply within 2 <sup>nd</sup> month	\$
1253	950	2253	475	Extension for reply within 3 <sup>rd</sup> month	\$
1254	1,480	2254	740	Extension for reply within 4 <sup>th</sup> month	\$
1255	2,010	2255	1,005	Extension for reply within 5 <sup>th</sup> month	\$
1401	330	2401	165	Notice of Appeal	\$
1402	330	2402	165	Filing a brief in support of an appeal	\$
1403	290	2403	145	Request for oral hearing	\$
1814	110	2814	55	Terminal Disclaimer Fee	\$
1452	110	2452	55	Petition to revive - unavoidable	\$
1453	1,330	2453	665	Petition to revive - unintentional	\$
1501	1,330	2501	665	Utility/Reissue issue fee	\$
1502	480	2502	240	Design issue fee	\$
1503	640	2503	320	Plant issue fee	\$
1460	130	1460	130	Petitions to the Commissioner	\$
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	\$
1806	180	1806	180	Submission of IDS	\$
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	\$
1801	770	2801	385	Request for Continued Examination (RCE)	\$

Other fee (specify)

Subtotal (3) \$0

Total Amount of Payment: \$0

## Submitted by:

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Signature:

Date: May 12, 2004